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To: Senator Doyle and Representative Walker
Human Services Committee

Senator Harris and Representative Ritter
Public Health Committee

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My name is Pam Fields and I am the Executive Director at the Arc of Meriden Wallingford, Board member at CCPA and a family member to several people with both developmental disabilities and mental illness. I am here to talk about the conversion of the 17 state run homes to Community Providers. We all know these are tough economic times. **Everyone is changing the way they do business, this is not just a human service issue, this is a global economic issue.** This is not about union or non union. This is not about state employees caring or doing a better job than community employees. This is a issue on how Connecticut best uses its resources to provide care for its neediest citizens.

There are really three issues here surrounding this conversion process.

One issue is people living in institutions which is a detailed topic for another time. The other two issues are cost effectiveness of services and conflict of interest.

Services through Community Providers system is a more cost effective way of doing business. That is not to say it is ok to under fund this Community Provider system in order to save the state additional funds. The Community Provider system must be funded appropriately and in saying that the Community Provider system still continues to be the most cost effective way for the State of Connecticut to deliver quality services to its neediest citizens.

The issue of conflict of interest concerns the state providing direct services and then providing the inspectors and monitoring programs to assure compliance and quality in those services. This does not seem to match any ethical guidelines I have every seen. Connecticut is only one out of two states in the nation that attempts to run this dual system. Connecticut needs to step up to the times and provide the oversight and quality without compromising its judgment by also providing the service it is monitoring.

Now let's talk about community living. My uncle was placed in a state institution when he was 12 years old. This was over 50 years ago. He spent the first several years attempting to escape by climbing out windows. After the 12 year period of "hell" as he called it, he moved into his own apartment in the community and got a job. He lived in this community for the next 50 years and during this time became connected into the community just like all the other members. When he began to decline and needed more assistance the family came together and attempted to move him closer to us. He resides in Vermont and we thought he should come to Connecticut. The Drs and community members stepped in and stopped the move, telling us he was part of their community and he would remain with them, where he remains to this day.

My cousin Leslie, very dear to my heart, was born with a diagnosis of Severe Mental Retardation and required total care. When she was born, the doctors covered my aunt's face and sent her home without seeing her baby. She went right back to the hospital and demanded her child who she took home and raised for 18 years. At that point, due to the burden on 24 hour care, she placed Leslie in a state regional center in her town. This was a large setting with many beds for children and the parents could come in and help care for them. Leslie lived there for several years and then moved into units which were a set of 4 apartments connected by a center kitchen. These settings always bothered my aunt because she always felt that Leslie was living in an institution and she had abandoned her. Years later, Leslie moved into a group home in the community where she lived until she passed away a couple years ago. There was no difference in the care the staff provided from one setting to another. The staff for the most part were loving and caring in both settings. There were issues in both settings however, as we all know when our loved ones are not in our direct care we always have to be involved to assure they are provided for. I have to tell you though, there was a big difference in other areas. Leslie became a part of her community, she lived in a home in the community, and her family felt she was finally settled and not hidden away. Leslie did not fail when she moved into the community sector and she did not become victimized or endangered of becoming homeless. She flourished, made friends and enjoyed her life.

I also worked in private group homes for years during which time I transitioned many individuals from Mansfield Training School into community group homes. Each transition was stressful and produced anxiety for all involved but we worked together to assure it went as smooth as possible for each person. I did not have any unsuccessful transitions.

The last sample I have to share with you was concerning my 1 year transition when I worked between Mansfield Training School and the community sector to help transition the last 21 residents from the institution to group homes/day programs in the community. These group homes, I would like to note were state run homes. The concerns and complaints that came from the institutions employees toward the group home setting are virtually the same as you are hearing now from state group homes to community group homes. However, these individuals transitioned well into their new setting and the majority of them showed vast improvement in their quality of life. They continue to live in these settings to this day.

This turmoil that is going on now is not really about the quality of care for individuals we serve and our loved ones, it is really about the human need to resist any change. Change is a difficult thing to live through, it promotes stress and anxiety.

Converting these homes is a fiscally sound move on the part of the State of Connecticut. Although, it will be a transition for the individuals and the staff. If all work together to help the individuals in the least disruptive way possible, it will have a positive outcome for all.

Over 7,000 people have transitioned from state run services to community services and have had successful outcomes. We need to move forward and help people live the lives they deserve in the community and assure they will have the resources to be successful.

Many of the individuals we serve do not do well coming up in this type of setting to let you know how they feel. However, if you would like to hear from them, we can arrange private meetings with people who have gone through this process in the past and from people who have moved from institutions.

Thank you for your time.

